Type or print in ink. Amounts may be rounded to whole dollars.

							LATE INDEP	ENDENT EX	- EINDLI OKE	KEPOKI
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO FOR		196
		I.D. NUME 1273998	D. NUMBER (if applicable) 273998		Report	No. LIE-416	D 1.67	For Official Use Only		
STREET ADDRESS					Page 1 of 7 Amendment to Report No.					
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Ca	andidate or Ballot Meas	sure								
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Atta	ach additional info	rmation on appr	opriately labe	eled continu	uation sheets.	•			
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT	
09/19/2005	Support Services							\$166.68		
09/20/2005	Support Services							\$2.13		
09/21/2005	Office Expenses							\$0.47		
09/21/2005	Staff Expenses							\$5.28		
09/21/2005	Staff Expenses							\$1.47		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							EATE INDE	LELINDLINI LA	LINDITON	- INEI OINI
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO	RNIA Z	196
AREA CODE/PHONE NUM (916)443-7817	BER	I.D. NUM 1273998	I.D. NUMBER (if applicable) 1273998		Report	No. LIE-416	D 2 67	For Official Use Only		
STREET ADDRESS				Page 2 of 7 Amendment to Report No						
CITY Sacramento				(explain be	ow) Pages7					
1. List Only One C	andidate or Ballot Measu	ure		•				·		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.)		
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attac	ch additional info	ormation on appr	ropriately labe	eled continu	ation sheets.	•			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
09/21/2005	Office Expenses							\$3.75		
09/21/2005	Office Expenses							\$1.25		
09/21/2005	Office Expenses							\$99.77		
09/21/2005	Office Expenses							\$13.54		
09/21/2005	Data Lists							\$59.13		

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LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	FLINDLINI LA	LINDITORI	- KLIOKI
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO		196
		I.D. NUM 1273998	I.D. NUMBER (if applicable) 1273998		Report	No. LIE-416	Page 3 of 7	For Official Use Only		
STREET ADDRESS				to Repo	ndment ort No					
CITY Sacramento					(explain be	Pages7				
1. List Only One C	Candidate or Ballot Measu	ıre		•				·		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE					BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Ex	penditures Made Attac	h additional info	ormation on app	ropriately labe	eled continu	nation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT	
09/21/2005	Office Expenses							\$1.25		
09/21/2005	Staff Expenses							\$2.96		
09/21/2005	Office Expenses							\$0.41		
09/21/2005	Office Expenses							\$24.25		
09/21/2005	Staff Expenses							\$4.76		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

			BER (if applicable	This Filing 09/21/2005 Report No. LIE-416 Amendment to Report No. (explain below)			Date Stamp Page 4 of 7	FOF	CALIFORNIA FORM For Official Use 0	
Sacramento	Sacramento CA 95814		No. of F	Pages7						
	andidate or Ballot Measu	ire]		E SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE					-	Reapportionment. Initiative C BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attack	h additional info	rmation on app	ropriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
09/21/2005	Office Expenses							\$3.93		
09/21/2005	Office Expenses							\$9.15		
09/21/2005	Office Expenses							\$1.25		
09/21/2005	Staff Expenses							\$1.25		
09/21/2005	Staff Expenses							\$4.54		

Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDEF	LINDENI EX	PENDITURE	KEPOKI
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUME (916)443-7817	BER	I.D. NUMI 1273998	NUMBER (if applicable)		Report	No. LIE-416	D 5 67	For Official Use Only		
STREET ADDRESS					Page 5 of 7 Amendment to Report No.					
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Ca	andidate or Ballot Meas	sure						·		
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOS				OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Atta	ach additional info	rmation on app	ropriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
09/21/2005	Office Expenses							\$2.16		
09/21/2005	Office Expenses							\$0.54		
09/21/2005	Office Expenses							\$9.95		
09/21/2005	Office Expenses							\$4.66		
09/21/2005	Staff Expenses							\$4.01		

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LATE INDEPENDENT EXPENDITURE REPORT

(916)443-7817 1273998 STREET ADDRESS			This Filing 09/21/200 UMBER (if applicable) P98 Report No. LIE-416 Amendment to Report No. (explain below)			No	Date Stamp Page 6 of 7	CALIFO FOR	196 Only	
Sacramento	acramento CA 95814		No. of F	Pages7						
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OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				_	BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Ex	penditures Made Attac	h additional info	rmation on app	ropriately labe	eled continu	nation sheets.	·			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
09/21/2005	Office Expenses							\$0.64		
09/21/2005	Office Expenses							\$8.13		
09/21/2005	Data Lists							\$112.50		
09/21/2005	Office Expenses							\$4.71		
09/21/2005	Office Expenses							\$143.73		

CALIFORNIA 496

NAME OF FILER

I.D. NUMBER (If applicable)

Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

1273998

3. Contributions of \$100 or More Received* IF AN INDIVIDUAL, ENTER OCCUPATION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** DATE AND EMPLOYER INTEREST RATES (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **RECEIVED** CODE** RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 9/19/2005 SEIU Local 1000 CA State Employees Association Issues PAC \$6,667.00 Sacramento, CA 95814 If loan, COM enter interest rate, if any OTH PTY □ scc ID: 1271482 ☐ IND If loan, COM enter interest rate, if any OTH ☐ PTY SCC If loan, COM enter interest rate, if any OTH ☐ PTY SCC If loan, □ сом enter interest rate, if any OTH PTY □ scc If loan, COM enter interest rate, if any ☐ OTH PTY SCC If loan. СОМ enter interest rate, if any OTH

☐ PTY

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772